

Image# 11971620641

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) GARY PETERS			2. Candidate's FEC Identification Number H8MI09068	
(b) Address (number and street) P.O. BOX 21535		<input checked="" type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code DETROIT MI 48221		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate MI 14		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) PETERS FOR CONGRESS		
(b) Address (number and street) P.O. BOX 21535		
(c) City, State, and ZIP Code DETROIT MI 48221		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State, and ZIP Code		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate GARY PETERS [Electronically Filed]	Date 10/14/2011
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

JARED POLIS VICTORY FUND

(b) Address (number and street)

PO BOX 1174

(c) City, State and ZIP Code

SPRINGFIELD

VA

22151

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

JARED POLIS VICTORY FUND 2012

(b) Address (number and street)

PO BOX 1174

(c) City, State and ZIP Code

SPRINGFIELD

VA

22151

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

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(b) Address (number and street)

(c) City, State and ZIP Code